COMPLAINT FORM

(for filers who are prisoners without lawyers)

(revised 10/10/2022)

FILED

04/01/2025

U.S. DISTRICT COURT SOUTHERN DISTRICT OF INDIANA Kristine L. Seufert, Clerk

IN THE UNITED STATES DISTRICT COURT

FOR THE SOUTHERN	DISTRICT OF INSTANA POLTS			
Autum E. Cordellione a. K.a. (Full name of plaintiff(s)) Jonathan C. Richardson	.))))			
₩.) Cause No			
Donald J. Trump Individual (Full name of defendant(s)) Copacity Mr. Thompson Individual Capacity Ms. 6859 Individual Capacity Jane Doe Individual Capacity Director of Classification Individual A. PARTIES Capacity	(to be supplied by clerk of court))))))))))			
1. Plaintiff is a citizen of In	(State) Nacul (45 the IN 47362 (Address of prison or jail)			
(If more than one plaintiff is filing, list address on another piece of paper)				
2. Defendant Jonald 3	(Bane)			
	poration) a citizen of Mouse Washington, D. C. (State, if known)			



and (if a person) resides at The white H (Address, if known) and (if the defendant harmed you while performing defendant's job) worked for

(Employer's name and address if known)

(If you need to list more defendants, use another page)

B. STATEMENT OF CLAIM

On the space provided on the following pages, tell:

- 1. Who violated your rights;
- 2. What each defendant did;
- 3. When they did it;
- 4. Where it happened; and
- 5. Why they did it, if you know

JONG protective (ustraly, too westuil Classification ea has been assaulted

has been assented (stab bed) for refusing sex with a nother offender, has a high profile criminal and civil case that have recently been broadcast accross multiple national and local news media outlets in which they reported on her criminal history and transgerder status name as well as her civil cases preliminary injunction for gooder affirming surgery. while housed at (WCA), the plaintiff was assaulted and raped multiple times over a four day period by 12 gang affiliated offender; From January 28th, 29th, 30th, and 31st; 2025. On Francis January 29th, while plantiff was being raped by 3 of her assailants, she begged them to stop and asked them why are you doing this to me? to which per assail entire profiled while laughing ather" We saw your shitton FOX, and Trump was talking about you fagess, dicksucking transics, be said your messing up our kilds in school with your Sex change shit ... Trumps president now and we want ever get in trouble For facking you trainles up, we're patriots and even if you tell on us, trump will pardon us and probably give us a medal The physntiff was told numerous times by her assailants, that it she snitched on them to staff, that they would know cause the staff are on their payroll and they would Killher. Plaintiff tried to report the assaults and rapes on January 29th, 2025 to the Unit team manager Mr. Thompson, who responded "The seen your Case on the news, and I personally don't think us taxpayers should have

topay for your surgery God doesn't approve of transgenders and gays,

A. PARTIES CONT.

3. Defendant Mr. Thompson is a citizen of Indiana and
resides at westville Correctional Facility 15501 South 1100 west,

Westville IN 46391

4. Defendant Ms. Gose is a citizen of Indiana and resides at westville
Correctional Facility, 5501 South 1100 west, westville, IN 46391

5. Defendant Tane Doe" is a citizen of Indiana and resides at westville
Correctional Facility, 5501 South 1100 west, westville, IN 46391

6. Defendant The Director of Classification for Indiana Department of Corrections
is a citizen of Indiana and resides at Central Office 302 w. washington St.
Room E-334 Indianapolis, IN 46202

I am suing for a violation of federal law under 28 U.S.C. § 1331, and supplement Jurisdiction under Section 28 USCS 1367(a). OR
I AM SUING UDNER STATE LAW. The state citizenship of the plaintiff(s) is (are) different from the state citizenship of every defendant, and the amount of money at stake in this case (not counting interest and costs) is \$
D. RELIEF WANTED
Describe what you want the court to do if you win your lawsuit. Examples may include an award of money or any order telling defendants to do something or stop doing something.
Compensatory Damages in the amount of 3.5 million Dollars, Purative Damages in an amount to be determined by a jury.
For Para and suffering emotional, mental, physical Distress. As well as anyother role of the court deem necessary or appropriate.
Transfer to a female Institution, Injunction (Permanent) as well as aprel. minury) Injunction for the same as plaintiff is still
suffering and likely to suffer continued harms.

E. JURY DEMAND

🗵 Jı	ury Demand - I want a jury to hear my case
	OR
	ourt Trial – I want a judge to hear my case
Dated this _	27th day of April , 2025 Respectfully Submitted,
Signat	ure of Plaintiff
	T's Prison ID Number
N (CFPO. BOX A
Ne	w Castle, IN 47362
(If n	nore than one Plaintiff, use an additional piece of paper)

F. CERTIFICATION (Optional)

Under penalty of perjury, I declare that the facts alleged in this complaint are true and correct to the best of my knowledge and belief.

REQUEST TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEE

×	I DO request that I be allowed to file this complaint without paying the filing fee. I		
	Have completed a request to proce	ed in the district court without prepaying the fee	
	and attached it to this complaint.		
		•	

I DO NOT request that I be allowed to file this complaint without prepaying the filing Fee under 28 U.S.C. § 1915 and I have included the full filing fee with this complaint.

Facility:NCF, NCN M-M1, 206B

DOC#: 127630 Case #: 25-203805 Document 1

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Return or Receipt of Grievance

Offender Name: JONATHAN

RICHARDSON

DOC#: 127630

Facility: Westville Correctional

Facility

Bldg/Bed: WCA R1-W 1

Case #:25-203805

Stage 1 Complaint

Type: Return or Receipt of Grievance

Date Received: 02/18/2025 12:34 PM

Response Author: Shannon Smith

Responded On: 02/18/2025 12:34:57 PM

Decision: Stage 1 Response

Case Details

Case Number; 25-203805

Grievance Status: Open

Case Data

Unit of Complaint: Westville Correctional Facility

Opened Date: 02/18/2025 12:34 PM

Grievance Category: Affirmative Action

Grievance Stage: Stage 1 Submitted

Stage 1 Grievance Response

Grievance Date: 01/28/2025 12:00:00 AM

Response Due: 03/11/2025 12:34 PM

Issue: PREA Concern

Responder: Shannon Smith

Response: Logged

[Unprocessed

Officer's Name: Smith, Shannon NMI

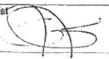
Notice: If the notice refers to return, then the offender has five (5) workdays from receipt of the above response to resubmit their corrected grievance. If the notice refers to receipt of an accepted grievance the offender will receive a response within fifteen (15) workdays.



Filed 04/01/25 Document 1

DEPARTMENT OF CORRECTION	FEB 14 2025	25.903805		
To:	Facility	Date (month, day, year)		
Facility Grievance Specialist	NCF	2-8-2025		
From (name of offender)	DOC number	Signature of offender		
Josephen Alchardson	127630	and		
Housing assignment	((month, day, year)		
M1-206B		hru 31-2025		
Provide a brief, clear statement of your complaint of (NOTE: A Single ONE-sided sheet of paper may be	attached if necessary to explain your grie	vance.)		
On 2-28-25, I was :	transfired to wca	A Clavel 1-R) and was		
raped and assoulted by 12	offuler over the c	ourse of 3 days From		
1/28/25-1/31/25 I had notified my Case Man - Mc Gosse				
and Mr. Thompson on 212	19 or30/ CS about	the assults and rapes and		
Hay failed to protect me about the assaults and was	and I ever notific	d stuff on the dorm		
about the ussaults and was	is noved; I don't Know	the staff nanes, but she		
WOLL V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
who finally got me help. The dorm I was sent to had no currens and was understatived. I was boutally reped because of these statis restouce and should of never been dransferred to that facility, where I was left upprotected and a Tursed for ressouth as I'm transporter.				
was understatived. I was broutell and				
I shall of result of rest states resiseuce				
and stated a la Trand of reach I see they where I was left				
० जून विकास विकास विकास	ssouth as I'm franssule	۸.		
State the relief that you are seeking.				
	1			
3	5 Million,			

Signature of Facility Grievance Specialist



Date (month, day, year)

Document 1

Filed 04/01/25



Warden or Designee Appeal Response Notice

Offender Name: JONATHAN

RICHARDSON

DOC#: 127630 Case #: 25-203805

DOC#: 127630

Facility: Westville Correctional

Facility

Bldg/Bed: NCF, NCN M-M1, 206B

Case #:25-203805

Formal Grievance

Type: Formal Response

Date Received: 02/18/2025 12:34:00 PM

Response Author: Shannon Smith

Responded On: 02/18/2025 03:48:28 PM

Decision: Resolved

Case Details

Case Number: 25-203805

Grievance Status: Not Resolved

Case Data

Unit of Complaint: Westville Correctional Facility

Opened Date: 02/18/2025 12:34:00 PM

Grievance Stage: Warden or Designee Appeal Responded

Grievance Category: Affirmative Action

Warden or Designee Appeal Response

Responder Name: Cristina Duncan

Date/Time: 02/18/2025 03:48:28 PM

Due Date: 03/11/2025 03:48:08 PM

Result: Uphold

Response: Appeal has been reviewed. The facility level one response is appropriate. Your claims cannot be substantiated by this office and were sent to the office of investigations for further review. The grievance process doesn't provide the monetary relief that you have requested in your appeal.

□ Override

EData Input Error

□Unprocessed

EExtension

RestitutionRecommended: No

Notice: You may elect to appeal the decision of the Warden or Warden Designee to the Grievance Manager (form 45473 Grievance Appeal) within five (5) workdays from receipt of the above response to the Grievance Specialist by

- ·Ensuring the grievance procedure within their assigned unit and institution has been exhausted.
- ·Please select an option below and sign/date

CAgree

C Disagree



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FEB 2 4 2025

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	417	1 1/1 340			

Date form sent to offender (month, day, year)	Date of grievance (month, day, year)
2-14-202	2-8-2-005
Name of offender	DOC number Facility westories
Gonathan Bren. The	127630 Gregoril Facility
Housing assignment	Date grievance response received (month, day, year)
NCN -MI-ZGE	12-18-2025
Facility level appeal:	
The town wastigation should be	
charges at it to present granest my	yassallants and Istill
aranal La solote Ist a	CA WAS A CLA
orguest menetary relet and staff	TShould be purished.
-	
	1
	1
Signature of offender	Date signed (month, day, year)
6d	1-20 25
Facility level response:	
Total total toppolise.	
	-
	*
1 0/101	· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Jupuler 1	
1	HATC
Signature of warden / designee	Date staned (month, day, year)
	10/0/25
Please of the Manager	
Please check the appropriate box and return this form to the Facility	y Grievance Specialist.
Agree with facility appeal response.	
Disagree with facility appeal response. Send appeal to Department	Office des Original Advances Marie
	Onender Grevance Manager.
Signature of offender	Date signed (month, day, year)
	7 27 27

New Castle Correctional Facility

CERTIFIED TRUST FUND ACCOUNT STATEMENT

Name: Richardson, Jonathan - Location: MI-206 B	D.O.C. Number: _	127630 —
Location: M 1 - 206 B	NCF Arrival Date:	2/4/25
I hereby certify that this statement and	the attached document(s)	accurately reflect the
Trust Fund Account activity of the above	e Incarcerated Individual f	rom 9/20/c4 - to
3/19/15 ; a six (6) month time	period, unless the time pe	eriod the Incarcerated
Individual has been confined at the Nev	w Castle Correctional Faci	lity is less than six (6)
months.		
Incarcerated Individual's current Trust l		\$_12.57
Incarcerated Individual's average month	ly deposits.	\$ <u>203,50 </u>
Incarcerated Individual's average month	ly balance.	\$ 45,43 -
Date: 3/L1/L5 —		
Signature of Authorized Official:	olet lon-	
Printed Name and Job Title: Lib New C	et lovn vavy Assist, — Castle Correctional Facility	